

DSHS Aging and Disability Services Administration

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Government
Management,
Accountability and
Performance

January 18, 2006

Two key functions to enhance quality of care and quality of life for vulnerable people are:

- Conduct complaint investigations
- Conduct licensure activities

GOAL: Enhance quality of care/quality of life

MEASURE: Complaint investigations are done timely

Jan-Jun CY05 Adult Protective Services investigations:

Investigations about potential harm to vulnerable adults living in their own homes

Priority description	Number received	Percent received	Percent timely response
HIGH: Serious or life-threatening harm is occurring or appears to be imminent. Within 24 hours.	140	3%	100%
MEDIUM: Harm that is more than minor, but does not appear serious or life-threatening. It may be past, present, or possible in future. Within 5 working days.	2,896	53%	99.2%
LOW: Harm that poses a minor risk to health or safety. It may be past, present, or possible in future. Within 10 working days.	2,391	44%	99.5%
Totals	5,427	100%	-

Jan-Jun CY05 complaint reports in residential care settings

Priority description	Number received	Percent received	Percent timely response
Life Threatening/2 working days	309	2.5%	100.0%
Significant Risk/10 working days	1,188	9.7%	99.8%
Potential Risk/20 working days	2,567	20.9%	99.7%
All others, including 45 and 90 days and quality reviews	8,222	66.9%	Timeframes vary
Totals	12,286	100%	-

Analysis:

- Where warranted, law enforcement, emergency medical, and community mental health professionals are notified.
- ADSA does not use a 24/7 response operation.
- 64% of Adult Protective Services investigations are based on reports of non-ADSA clients.
- Long-term Care Ombudsman also responds to complaints in residential settings and does routine visits.

Action plan:

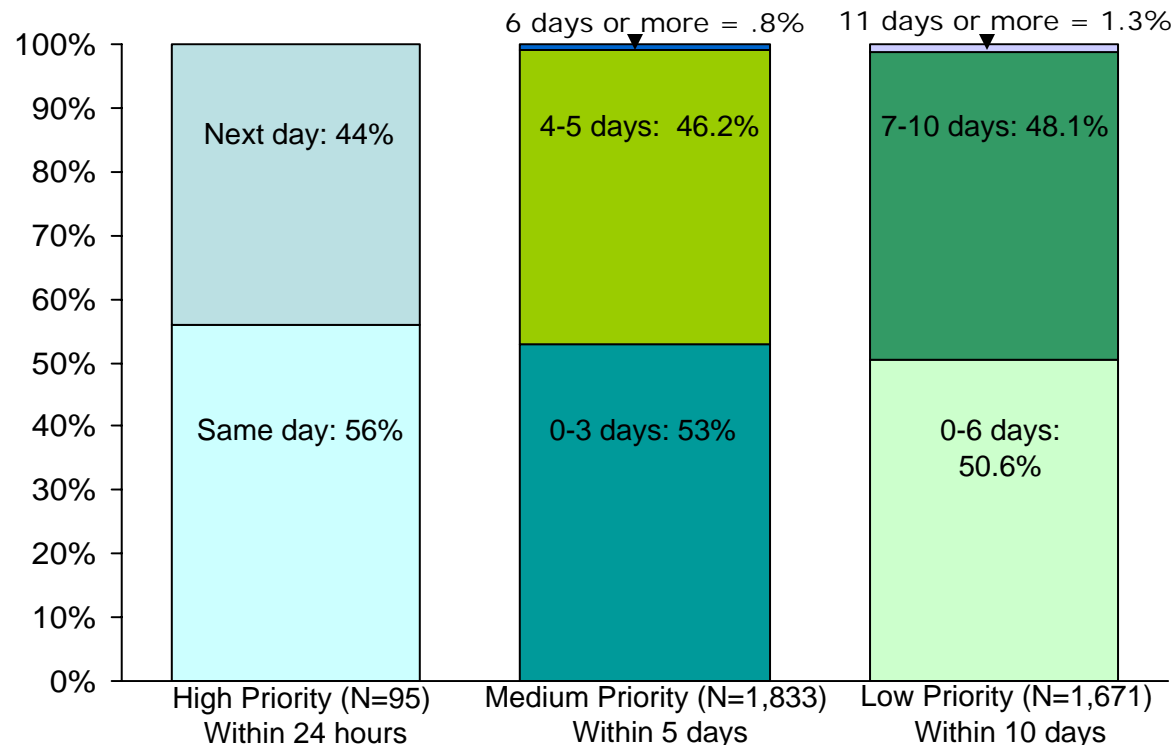
- Maintain 100% timely response on highest priority reports.
- Maintain accurate prioritization of complaints.
- Conduct second professional review of the data to look at any additional harm to clients prior to our arrival.

SOURCES: APSAS and COMPLAINT DATABASES Jan 2006

GOAL: Enhance quality of care/quality of life

MEASURE: APS investigations are done timely

Number of work days to initiate face-to-face interview with the victim – Jan-Jun CY05 investigations



Data notes:

- N=number of investigations
- Total N above is less than the 5,427 presented on Slide 2 because Slide 2 includes cases where response time data is unavailable.
- Examples: an alleged victim doesn't fit the definition of a vulnerable adult; interview delayed at request of law enforcement; APS is denied access and must go to court.

SOURCE: APSAS Jan 2006

Analysis:

- Implementation of protective services not delayed until investigation complete.
- 0.8% of 5,427 cases had more than one report about the same incident. Most of those reflect multiple reporters.
- If a different report comes in about the same client or perpetrator, we prioritize that report independently using established priority definitions.

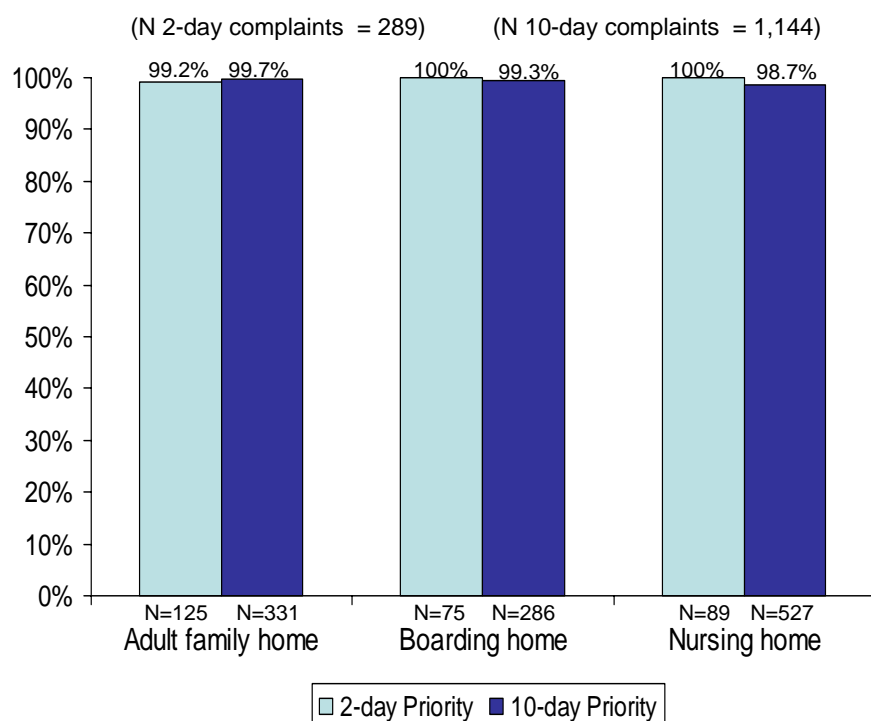
Action plan:

- Monitor multiple report cases with no change to investigative timelines.
- Implement planned APSAS data system improvement by July 2009.

GOAL: Enhance quality of care/quality of life

MEASURE: Complaint investigations
are done timely

Percent of Jan-Jun CY05 complaint
investigations in residential care settings that
are initiated sooner than timelines require



Data notes:

- ▶ N=number of complaints investigated
- ▶ Work days between date complaint received in field and date of on-site investigation
- ▶ Numbers do not include follow-up visits to ensure compliance

Analysis:

Provider responsibility: Licensure requires providers to protect, investigate, and report abuse/neglect.

▶ Provider response to issues heavily influences Complaint Resolution Unit (CRU) triage priorities.

▶ Triage nurse reviews/prioritizes all complaints/incidents before intake completion and distribution to field/agencies.

▶ Public complaints always assigned on-site priority.

▶ DSHS can take immediate enforcement action for serious care issues. Complaint closure does not delay DSHS' ability to act.

Department Integrated Quality Assurance Program responsibility -- *complaints and inspections are managed by same manager.*

Initial and re-inspection processes have protocol to ensure facilities properly identify and report abuse and neglect.

▶ All licensed settings must post CRU 1-800 number and Ombudsman phone number.

▶ All complaints are assigned by field manager; any staff across the state can be assigned to the complaint, if needed.

▶ Any complaint can be turned into a licensing inspection if needed.

Action plan:

▶ Consumer Services Office Chief will finalize investigative protocols by May 2006 to assist investigators in evaluating failed facility practice. Headquarters will monitor and re-evaluate effectiveness of protocols in May 2007.

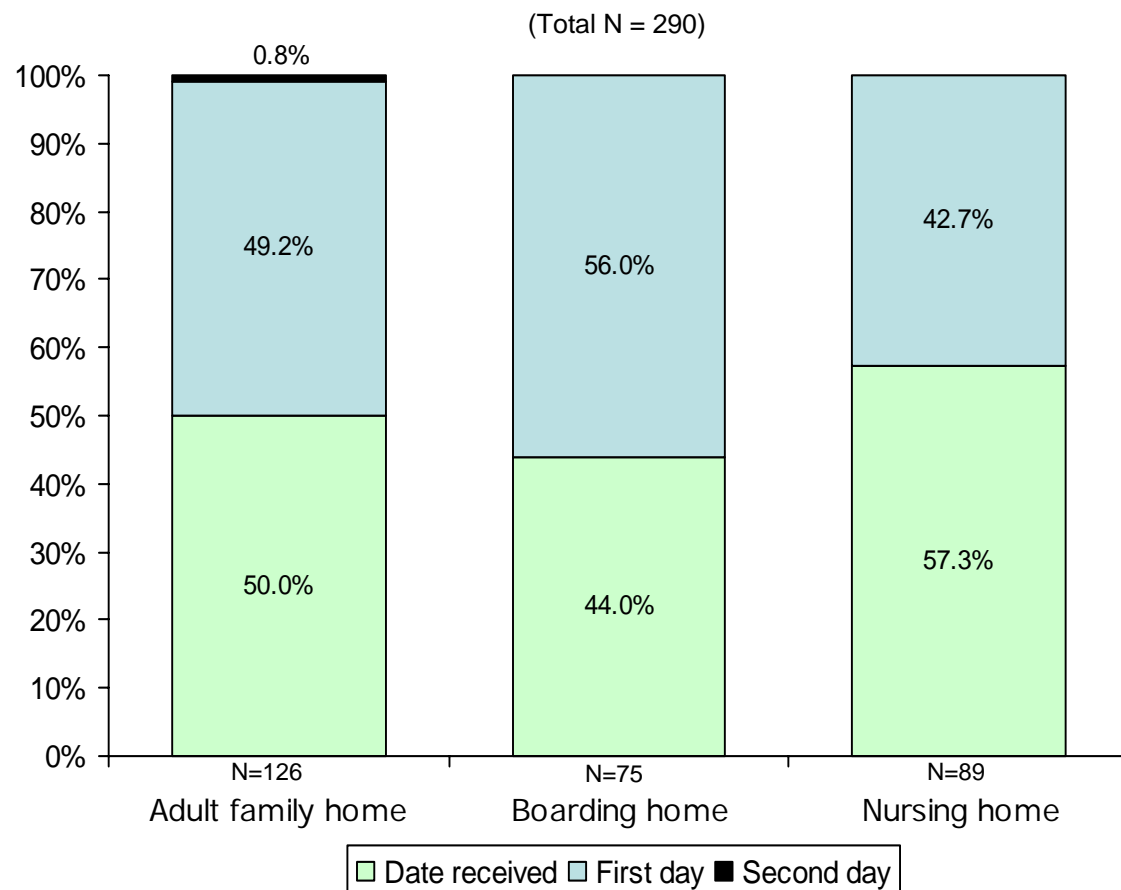
▶ Implement and train on protocols by spring 2006.

▶ No change in timeliness requirements recommended since our integrated quality assurance program adjusts as needed.

GOAL: Enhance quality of care/quality of life

MEASURE: Complaint investigations are done timely

Number of work days to initiate a 2-day priority complaint investigation in residential care settings - Jan-Jun CY05



Data notes:

- Work days between date complaint received in field and date of on-site investigation
- N=number of complaints investigated

Analysis:

- Focus of DSHS investigation of 2-day complaints is on evaluating the potential for serious outcomes to other residents in the home.
- Clinical panel of four headquarters nurse managers reviewed sample of adult family home 2-day complaints. The sample was pulled from complaints where citations had been issued. Review showed that earlier presence by DSHS would not have changed outcome to residents.

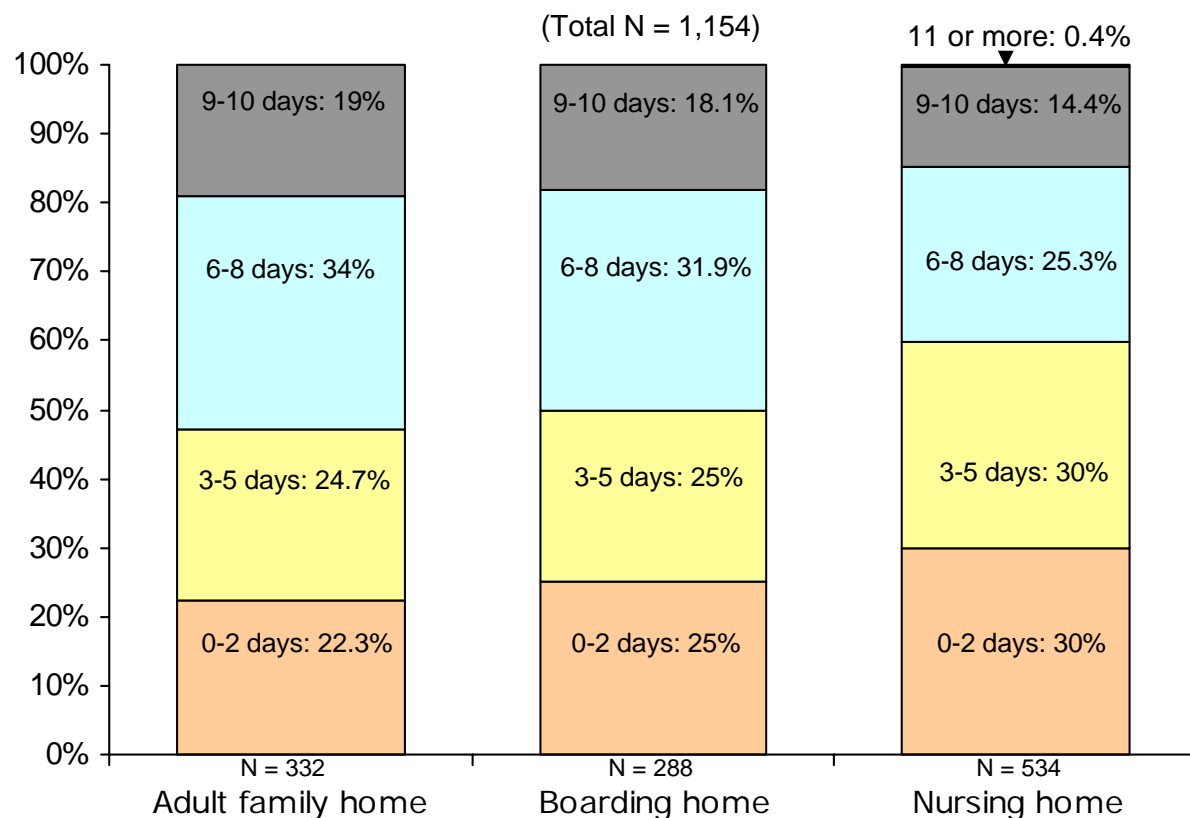
Action plan:

- Under direction of Consumer Services Office Chief, conduct another clinical panel review annually (due November 2006) to identify any changes in trends related to panel findings.
- Under direction of Consumer Services Office Chief, work with provider associations (adult family homes and boarding homes) to develop interpretive guidelines related to facility reporting expectations by June 2007.

GOAL: Enhance quality of care/quality of life

MEASURE: Complaint investigations are done timely

Number of work days to initiate a 10-day priority complaint investigation in residential care settings – Jan-Jun CY05



Data notes:

- Work days between date complaint received in field and date of on-site investigation
- N=number of complaints investigated

Analysis:

► Complaint investigators are sub-prioritizing investigations within assigned 10-day response time.

► 10-day complaints with more serious issues are being investigated earlier.

► Most 10-day complaints relate to allegations of general neglect, limited actual harm, or potential harm. Clinical panel review of sample of adult family home 10-day complaints showed that earlier presence by DSHS would not have changed outcome to residents. We believe this validates the methods used to prioritize complaints.

Action plan:

► Regional administrators monitor timeliness of 10-day complaints quarterly.

► Under direction of Consumer Services Office Chief, conduct another clinical panel review annually (due November 2006) to identify any changes in trends related to panel findings.

SOURCE: ADSA COMPLAINT APPLICATIONS Jan 2006

GOAL: Enhance quality of care/quality of life

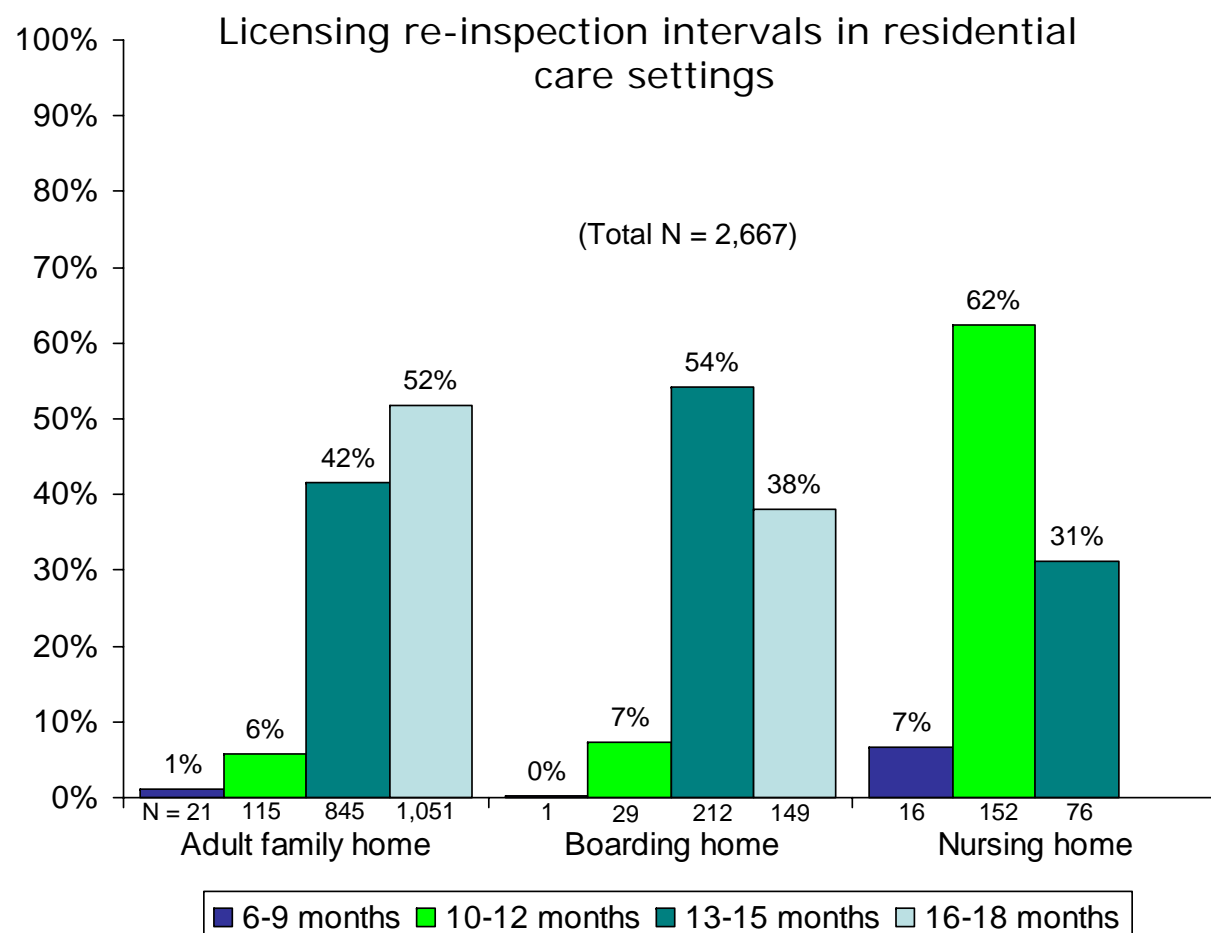
MEASURE: Licensing re-inspections are done timely

Analysis:

- Statutes require that adult family home and boarding home re-inspections must be done at least every 18 months, and that nursing home re-inspections must be done at least every 15 months.
- Regional administrators must ensure that field managers adapt scheduling to meet goals.
- We are meeting these statutory requirements.

Action plan:

- Residential Care Services schedules to ensure poor performers are seen earlier. By June 2006, implement IT program that helps to identify and automate scheduling of earlier inspections for poor performers.
- New licensees also will be inspected earlier.



Data notes:

- Re-inspections completed through CY05 Q3
- N=number of re-inspections
- Numbers do not include follow-up visits to ensure compliance

SOURCE: AFH, BH TRACKING SYSTEMS; ASPEN Nov 2005